

**BEST AVAILABLE COPY**

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</b>							SERIAL NO.		FILING DATE	
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	1						51			
2		1					52			
3			1				53			
4	1						54			
5			1				55			
6				1			56			
7					1		57			
8						1	58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16							66			
17							67			
18							68			
19							69			
20							70			
21							71			
22							72			
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28							78			
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35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	9		↓		↓		TOTAL IND.		↓	
TOTAL DEP.	5		↔		↔		TOTAL DEP.		↔	
TOTAL CLAIMS	7						TOTAL CLAIMS			
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS										